	<b>Educational Mat</b>	erial	Orde	r Form - R	ev	ised July 2	2006			
Facility Name:						Date:				
Contact Person:						Phone:				
Street Address:					Fax:					
City					State: Zip:					
ITEM			AMOUNT			ITEM			AMOUNT	
		English Spanish					English	Spanish		
BROCHURES	"Protect Your Baby From Hepatitis B"*					Monthly Immunization Report Form (IMM-1)**				
	"Bee Wise, Immunize!"*			VFC FORMS	Mor	Monthly Tally Sheet (optional)**				
HEPATITIS B FORMS	Perinatal Hepatitis B Surface Antigen Case Report (IMM-40)**				Vaccine Order Form (IMM-2)**					
	Monthly Hepatitis B Surface Antigen Activity Report (IMM-41)**					Educational Material Order Form (IMM-3)**				
	Hepatitis B Medical Alert Card (IMM-42)**					Vaccine Documentation/Consent Form (IMM-51)*				
IMM RECORDS	Kansas Immunization Record "Pink" Book (IMM-6)*				VFO	FC Immunization Services Sign**				
	Adult Immunization Record Book*				VFO	VFC Monthly Temperature Logs				
	Plastic Jackets for Immunization Record "Pink" Book (IMM-6J)*				Vac	accine Management Manual				
	Immunization Administration Chart Record (IMM-7)*				DTF	P/DTaP/DT*				
IMM Schedule	ACIP Recommended Immunization Schedule (IMM-4)**				TDa	P*				
	Kan Bee Done by One Schedule**			VACCINE INFORMATION STATEMENTS (VIS)	Td*					
	Wallet-size "Bee Wise" Immunization Schedule*				MM	R*				
REMINDER RECALL AIDS	Parent Reminder Postcards (IMM-21)*				Polio*					
	Immunization Tickler Cards (IMM-22)*				HIB*					
	Immunization Record Cards (IMM-23)* § "3x5 § "5x7			List below any foreign language	Hepatitis A*					
SCHOOL FORMS	Kansas Certificate of Immunizations (KCI)*			packet needed	Нер	atitis B*				
	KCI Medical Exemption Form (KCI Form B)**			(other than Spanish) \	Varicella*					
	Kansas Statutes Related to School Immunizations*				Rotavirus*					
	Kansas Classroom Handbook of Communicable Diseases				Pne	Pneumococcal Conjugate*				
REPORTING FORMS	Vaccine Adverse Event Reporting System ((VAERS)**				Pne	Pneumococcal Polysaccharide**				
	VAERS Brochure: "Introduction to				Mer	ningococcal**				

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Influenza (Seasonal)\*

\* Pad/Pkg of 100 (please note Pad or Pkg on order)
\*\* Single Copies Only